12-06-01

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

#### UTILITY **PATENT APPLICATION TRANSMITTAL**

6021.026-CONT. Attorney Docket No. JOSE FERNANDEZ First Inventor

MODULAR HIP PROSTHESIS

(Only for new nonprovisional applications under 37 CFR 1.53(b))

EL893732149-US Express Mail Label No.

APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application		
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231		
1. LSS (Submit an original and a	form (e.g., PTO/SB/17)  I duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. X Applicant claims s See 37 CFR 1.27			Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)		
3. Specification (preferred arrangement	•		a. Computer Readable Form (CRF)		
	e of the invention ce to Related Applications		b. Specification Sequence Listing on:		
<ul> <li>Cross Reference to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>			i. CD-ROM or CD-R (2 copies); or		
or a computer i	equence listing, a table, program listing appendix		ii. paper		
- Background of	the Invention of the Invention		c. Statements verifying identity of above copies		
- Brief Description	on of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS		
- Detailed Descr - Claim(s)	iption		9. Assignment Papers (cover sheet & document(s))		
- Abstract of the	Disclosure	_	10. 37 CFR 3.73(b) Statement Power of Attorney		
4. X Drawing(s) (35 U	J.S.C. 113) [ Total Sheets 7	] ]	11. English Translation Document (if applicable)		
5. Oath or Declaration	[ Total Pages	] ]	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations		
	uted (original or copy)		13. Preliminary Amendment		
b. X Copy from a	a prior application (37 CFR 1.63 (d)) httion/divisional with Box 18 completed	)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
6. Application Data Sheet. See 37 CFR 1.76			17. Other:		
18. If a CONTINUING APPL	CATION, check appropriate box, and	supply th	he requisite information below and in a preliminary amendment		
or in an Application Data She	<del></del>		of prov application No. 09 , 524,341		
Continuation	Divisional Continuation-in-part (  Examiner M. Priddy	CIP)	of prior application No.: 3732		
Prior application information: For CONTINUATION OR DIVISI		of the pri	Group Art Unit: 3102 ior application, from which an oath or declaration is supplied under		
Box 5b, is considered a part o	f the disclosure of the accompanying co	ntinuation	on or divisional application and is hereby incorporated by reference. By omitted from the submitted application parts.		
THE MICE POPULATION SALT SHIP AC	19. CORRESPO				
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or Correspondence address below					
Name					
Address					
City		Sta	ate Zip Code		
Country		Telepho	one Fax		
Name (Print/Type)	Richard J. Danyko		Registration No. (Attorney/Agent) 33,672		
	1/1/1		14/4/04		
Signature	- Pun		Date   11/1/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

ļ.d

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**APPLICANT:** 

Exactech, Inc.

SERIAL NO.:

To Be Assigned

FILED:

November 1, 2001

ATTY. DOCKET:

6021.026-Cont.

TITLE:

MODULAR HIP PROSTHESIS

#### **EXPRESS MAIL CERTIFICATE**

Express Mail Label No. EL893732149-US

Date of Deposit:

November 1, 2001

I hereby certify that the following attached paper(s) and/or fee

- (1) Utility Patent Application Transmittal (Continuation Application);
- (2) A copy of an executed Declaration for Utility Application (37 CFR 1.63);
- (3) Fee Transmittal Form;
- (4) Patent Application (Comprising 35 pages 14 of specification, 13 pages of claims, 1 page of abstract, and 7 pages of drawings)
- (5) A check in the amount of \$757.00
- (6) Express Mail Certificate;
- (7) A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. Section 1.10 on the date indicated above and is addressed to the "Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231"

Respectfully submitted,

DREIER & BARITZ LLP

li Malit

Dated: November 1, 2001

Paula M. Malah

CORRESPONDENCE:

DREIER & BARITZ LLP

499 Park Avenue, 20th Floor

New York, NY 10022

Tele: (212) 328-6100

Fax: (212) 328-6101

PMM0503.WPD;

A



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

ļ.

Name (Print/Type)

Signature

757.00

Complete if Known				
Application Number	To Be Assigned			
Filing Date	Herewith			
First Named Inventor	Jose Fernandez			
Examiner Name	To Be Assigned			
Group Art Unit	To Be Assigned			
Attorney Docket No.	6021.026 CONT.			

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES			
Deposit	Large Small Entity Entity			
Account Number		escription Fee Paid		
Deposit Account Name	105 130 205 65 Surcharge - late fil	ing fee or oath		
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late pr cover sheet	rovisional filing fee or		
Applicant claims small entity status.	139 130 139 130 Non-English specif	ication		
See 37 CFR 1 27	147 2,520 147 2,520 For filing a reques	t for ex parte reexamination		
2. X Payment Enclosed:  X Check Credit card Money Other	112 920* 112 920* Requesting publica Examiner action	ation of SIR prior to		
FEE CALCULATION	113 1,840* 113 1,840* Requesting publica Examiner action	ation of SIR after		
1. BASIC FILING FEE	115 110 215 55 Extension for reply	y within first month		
Large Entity Small Entity	116 400 216 200 Extension for reply	within second month		
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply	within third month		
101 740 201 270 Historial	118 1,440 218 720 Extension for reply	within fourth month		
101 740 201 370 Guilty filing fee 370	128 1,960 228 980 Extension for reply	within fifth month		
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal			
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in sup	nort of an appeal		
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral he			
114 100 214 00 Flovisional many ree		a public use proceeding		
SUBTOTAL (1) (\$) 370	140 110 240 55 Petition to revive -	, ,		
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive -			
Fee from Ext <u>ra Claims below</u> Fee Paid	142 1,280 242 640 Utility issue fee (or			
Total Claims 63 -20** = 43 x 9 = 387	143 460 243 230 Design issue fee	,		
Independent Claims X = 0	144 620 244 310 Plant issue fee			
Multiple Dependent =	122 130 122 130 Petitions to the Coi	mmissioner		
	123 50 123 50 Processing fee und	ler 37 CFR 1.17(q)		
Large Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	126 180 126 180 Submission of Infor	rmation Disclosure Stmt		
Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each pa property (times nur	tent assignment per mber of properties)		
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission	after final rejection		
104 280 204 140 Multiple dependent claim, if not paid	(37 CFR § 1.129(a	»)		
109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additiona examined (37 CFF	! invention to be ? § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	740 279 370 Request for Continu	ued Examination (RCE)		
and over original paterit	69 900 169 900 Request for expedi of a design applica			
SUBTOTAL (2) (\$) 387	ther fee (specify)			
**or number previously paid, if greater, For Reissues, see above	JBTOTAL (3) (\$)			
SUBMITTED BY		Complete (if applicable)		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Richard J. Danyko

Registration No.

33,672

Telephone

Date

212 328-6114

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

### Attorney Docket No. 6021.026

<u>First</u>	Named	<u>Inventor:</u> Jose Fernandez
Application No.:  Filing Date:  Group Art Unit:  Examiner Name:		No.: To Be Assigned
		To Be Assigned
		nit: To Be Assigned
		me: To Be Assigned
As a	n invento	r named below, I hereby declare that:
My r	esidence	, post office address and citizenship are as stated below next to my name,
origi	nal, first	the original, first and sole inventor (if only one name is listed below) or an and joint inventor (if plural names are listed below) of the subject matter which is for which a patent is sought on the invention entitled:
		MODULAR HIP PROSTHESIS
the s	pecificat	ion of which
a.	[X]	is attached hereto.
b.	[ ]	was filed on as application Serial No and was amended on was amended on (if applicable)
	PCT	FILED APPLICATION ENTERING NATIONAL STAGE
c.	[ ]	was described and claimed in International Application No filed on as amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so make are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorneys and/or agents with full power of substitution and revocation, to prosecute this application, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

Barry J. Schindler Reg. No. 32,938, and Michael A. Nicodema Reg. No. 33,199

I hereby specify the following as the correspondence address to which all communications about this application are to be directed:

Dreier & Baritz, LLP. 499 Park Avenue New York, NY 10022 (212) 328-6100

SMNZOU

Full name of sole or first inventor: Jose Fernandez

Inventor's signature:

Residence: 2155 Northwest 4th Place, Gainesville, FL, 32603

Citizenship: <u>United States of America</u> Country: <u>United States of America</u>

Full name of inventor: Gary J. Miller	
Inventor's signature:	Date: <u>3/9/2000</u>
Residence: 531 Southwest 26th Place, Gainesville, FL 320	<u>601</u>
Citizenship: United States of America	Country: <u>United States of America</u>
Full name of inventor: C. Michael Mauldin	
Inventor's signature:	Date: <u>9 MAN OU</u>
Residence: Route 9, Box 2202, Lake City FL 32024	
Citizenship: <u>United States of America</u>	Country: <u>United States of America</u>